

Name
in
Full

William E. Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Synch</u> Town		<u>Deer</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Feb</u>	Day	<u>16</u>
Age		<u>79</u>	Years	Months	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>U. S.</u>
Occupation	<u>Retired</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Hannah Harris</u>		
Father's Name	<u>John Beck</u>		Father's Birthplace	<u>U. S.</u>	
Mother's Maiden Name	<u>Nancy Mansyn</u>		Mother's Birthplace	<u>U. S.</u>	
Name of person giving information	<u>John Beck</u>		How related to deceased	<u>adpt. daughter</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia.</u>	<u>(93)</u>	How long	<u>two weeks.</u>
Immediate				
Are the name, age, sex, color, date and place correctly given above?		<u>yes.</u>	Signature of Physician	<u>Wm. S. Maxwell.</u>
			Address	<u>Still Pond, Md.</u>
Accident or Suicide?				

Still Panel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Eliza Blake*
*Chesterstown*County *Kent*

Date

of death

1907

Month

Feb

Day

2

Age

Years

40

Months

Days

Sex

*Female*Color or
Race*Negro*Birth-
place

Occupation

*House wife*Where Residing if not
at place of death*near Jarlee, Kent
Co. Md.*Married, Single
or Widowed*married*Name of Wife or
Husband*Wesley Blake*Father's
Name*Jerry Hammond*Father's
Birthplace*Kent Co*Mother's
Maiden Name*Phyllis Catherine*Mother's
Birthplace*Kent Co*Name of person giving
Information*Carrie Holland*How related
to deceased*Sister*

CAUSES OF DEATH

79

Primary

Natural Causes, frequent

How long

Immediate

Acute Heart Disease Incident to Chronic

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Trayn B. Amies M.D.*

Address

Chesterstown, Md.

Accident or Suicide?

*No*PHYSICIAN
OR CORONER

James M E C

Name
in
Full

Wm T. Cault

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galena</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	1907	Month	2	Day	29
Age		Years		Months	Days
43					
Sex	<i>male</i>		Color or Race	<i>african</i>	
Occupation	<i>labourer</i>		Birth-place	<i>ind.</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband			<i>Mary Berry</i>		
Father's Name			<i>Arthur Cault</i>		
Father's Birthplace			<i>Kent Co. Md.</i>		
Mother's Maiden Name			<i>Hester Varlow</i>		
Mother's Birthplace			<i>" " "</i>		
Name of person giving information			<i>Alfred J. Wright</i>		
How related to deceased			<i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grippe meningitis</i>	How long	<i>ten days</i>
Immediate	<i>paralysis of heart</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. L. Latham</i>	
		Address	
		<i>Galena ind.</i>	
Accident or Suicide?			



Name

in
Full

Harratt Elizabeth Leah

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>16</i>	Years <i>72</i>	Months <i>2</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Chestertown Md</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Edward Leah</i>				
Father's Name <i>Thos Legg</i>	Father's Birthplace <i>Queen Anne Co</i>				
Mother's Maiden Name <i>Harratt Elizabeth Legg</i>	Mother's Birthplace <i>Dorchester</i>				
Name of person giving information <i>Mrs Julia Caroline Wright</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>Grip</i>	How long <i>Several Days</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W Frank Hines</i>
	Address <i>Chestertown Md</i>
Accident or Suicide?	

Charles C

Name
in
Full

CERTIFICATE OF DEATH

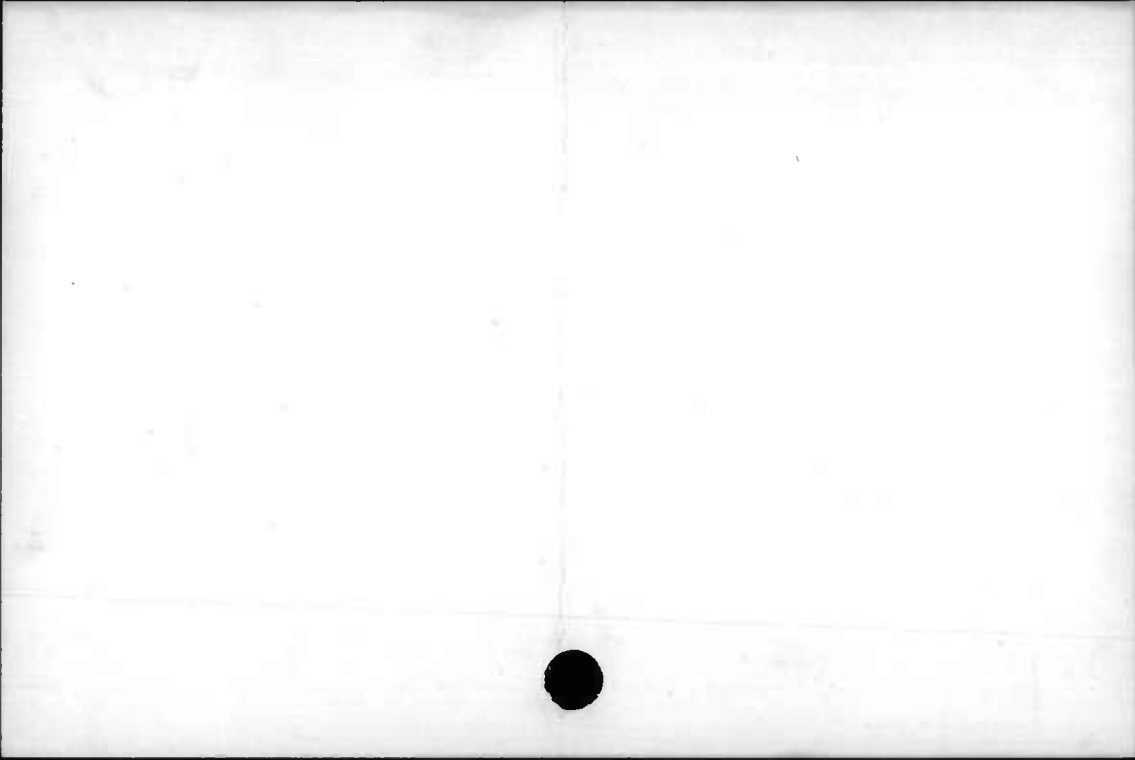
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edersville</i> Town		<i>Kent Co</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>28</i>	Age <i>—</i>	Months <i>14</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robt- Daniel</i>			Father's Birthplace <i>Kent Co.</i>		
Mother's Maiden Name <i>Billa Worn</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Robt- Daniel</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>10 days</i>
Immediate <i>Strangulation</i>		How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter D. J. M. D.</i>	Address <i>Rock Hall Kent Co.</i>
Accident or Suicide?		



Name
in
Full

William T. Lukes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Locust Grove^{County} Kent

MARYLAND

Date
of death 1907^{Month} Feb^{Day} 14

Age

^{Years} 34^{Months} 6^{Days} —

Sex

male

Color or
Race

white

Birth-
place

md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Lulu Bonwill

Father's
Name

Levi T. Lukes

Father's
Birthplace

U.S.

Mother's
Maiden Name

Elizabeth Jewell

Mother's
Birthplace

U.S.

Name of person giving
information

Mrs Lukes

How related
to deceased

wife

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

(64)

How long

15 minutes

Immediate

shock

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. J. Brown

Address

Hennepville
md

Accident

—

Still Pond.

Name
In
Full

William H. Ford.

CERTIFICATE OF DEATH

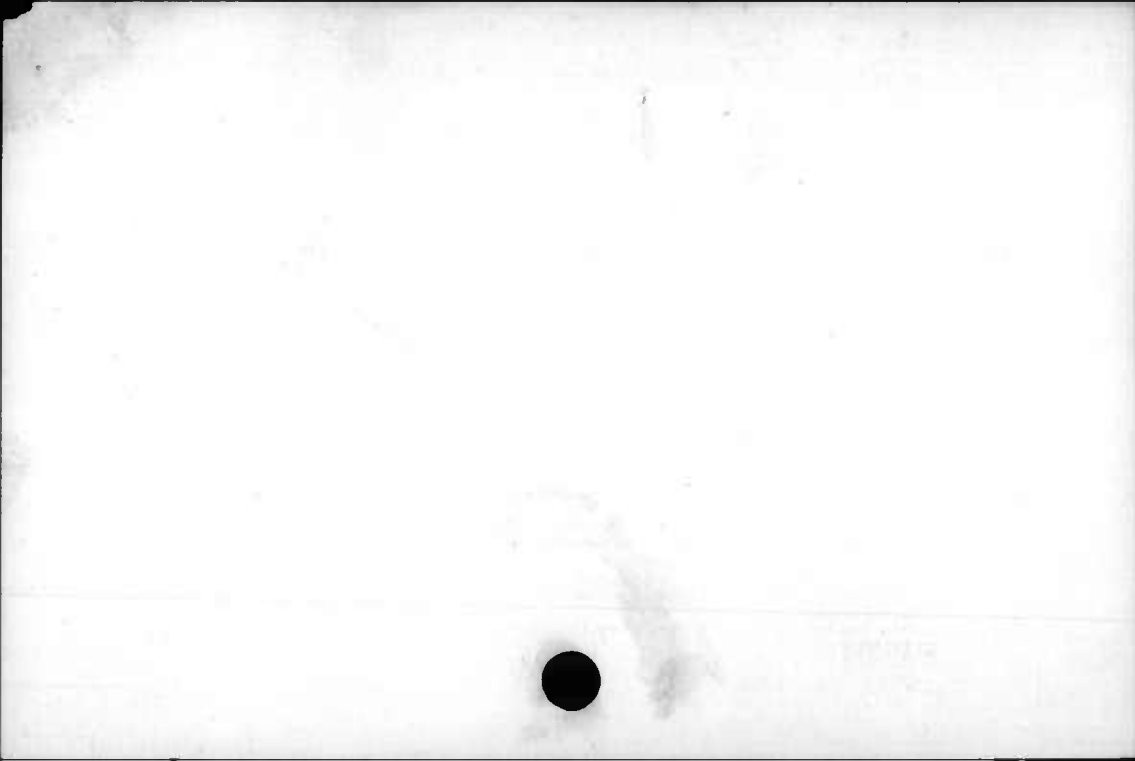
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Feb</i> ^{Day} <i>21</i>	Age	<i>64</i> ^{Years}	Months	<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Delaware</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Daniel Ford</i>		Father's Birthplace	<i>Kent</i>	
Mother's Maiden Name	<i>Mary A. Hazel</i>		Mother's Birthplace	<i>Del</i>	
Name of person giving information	<i>Ethel Branch</i>		How related to deceased	<i>Niece</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	<i>(64)</i>	How long	—
Immediate			How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>J. P. Towne</i>		
		Address		
		<i>Millington</i>		
		<i>Del.</i>		
Accident or Suicide?				



Name
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Full

CERTIFICATE OF DEATH

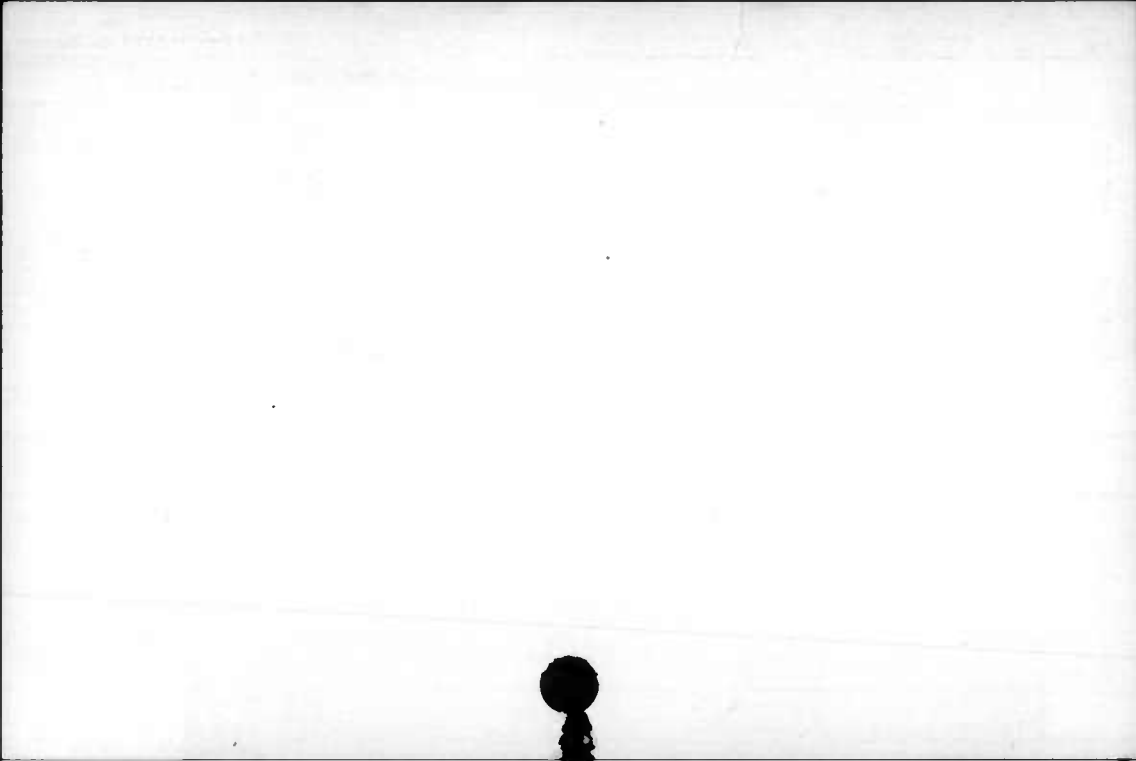
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Galena</i>		Town <i>Keet</i>		County <i>Keet</i>		MARYLAND	
Date of death	1907	Month	2	Day	23	Age	65
Sex	Male	Color or Race	Black	Birthplace	Keet Co	Months	Days
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Thomas Hall					Father's Birthplace	Keet Co
Mother's Maiden Name	Susan Anderson					Mother's Birthplace	"
Name of person giving information	M. J. Kilmer					How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	170		How long
Immediate	Lack of Vitality from cold		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		"Off and on for six months"
Signature of Physician		Address	
<i>Wmerry Parr acting Cor.</i> Accident or Suicide? <i>Galena Md</i>			



Name
in
Full

Viola Hodges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Feb.</i> <small>Month</small>	<i>8th</i> <small>Day</small>	Age	<i>3</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Chestertown</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>Chestertown</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Wm Fisher</i>			Father's Birthplace	<i>Kent Island</i>
Mother's Maiden Name	<i>Rebecca Hodges</i>			Mother's Birthplace	<i>Kent County</i>
Name of person giving information	<i>Rebecca Hodges</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<i>Natural Causes, Probably</i>	How long	<i>not known</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Frank B. Hines</i>
		Address	<i>Chestertown Md.</i>
Accident or Suicide?	<i>no</i>		

James M. E. Cunn

Name
in
Full

Charles F. Jess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town		<u>Pratt</u> County		MARYLAND	
Date of death	1907	Month	Feb	Day	25
Age	67	Years		Months	2
Sex	male	Color or Race	White	Birth-place	U-S.
Occupation	<u>Cypherman</u>		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband <u>Sallie A. Ernest</u>			
Father's Name	<u>Samuel Jess</u>			Father's Birthplace	U S.
Mother's Maiden Name	<u>Mary Jess</u>			Mother's Birthplace	U-S.
Name of person giving information	<u>Samuel Jess</u>			How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis.</u>	How long	<u>9 months.</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>Wm. S. Maxwell.</u>
		Address	<u>Still Pond, Md.</u>
Accident or Suicide?			

Cape Charles City Va

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

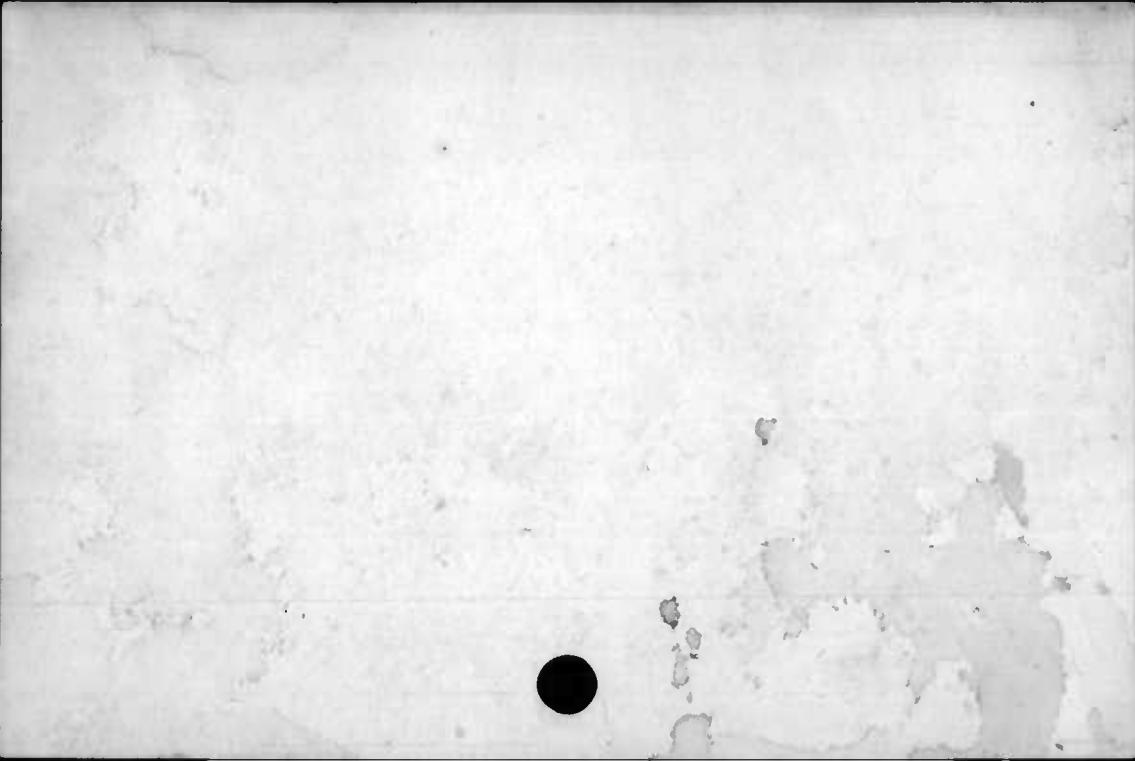
Died at <i>Mary E. Johns</i>		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND			
Date of death 190 <i>7</i>		Month <i>2</i>		Day <i>2</i>		Age <i>about 80</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>					
Married, Single or Widowed				Occupation <i>Servant - some yrs ago</i>					
Name of Wife or Husband <i>John Johns</i>									
Father's Name <i>Unknown</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Yvonne Johns</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Chenismia</i>	How long	<i>about 10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>V. W. H. Jacobs</i>	
		Address <i>Millington Ind</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Danby</u> Town		County <u>Kent.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>15</u>	Age <u>21</u>	Months <u>7</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>African</u>	Birth-place <u>Ind.</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>M.</u>	Name of Wife or Husband <u>Aaron Johnson</u>				
Father's Name <u>Jackson Combs</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Ellen Combs</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Sister, Allen Thomas</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Myocardial Stenosis with Degeneration</u>	How long <u>14 yrs</u>
Immediate <u>Embolism</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank W. Smith M.D.</u>
	Address <u>Danby Ind.</u>
Accident or Suicide? <u>No</u>	

Favites

Name
in
Full

CERTIFICATE OF DEATH

Hester Poindexter
 Died at Chestertown ^{town} Kent ^{County}

MARYLAND

Date of death 1907 ^{Month} July ^{Day} 8 ^{Years} Age 77 ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-place Don't know.

Occupation Housewife Where Residing if not at place of death Chestertown

Married, Single or Widowed Married Name of Wife or Husband Jacob Poindexter

Father's Name Don't know ^{last name only} Christian Father's Birthplace Don't know

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information How related to deceased Nephew

CAUSES OF DEATH

10

Primary Age How long —

Immediate Don't know They say "Grippe" How long They say, wear

Are the name, age, sex, color, date and place correctly given above? Yes,

Signature of Physician H. B. Briggs Simmons

Address Chestertown

md.

Accident or Suicide? No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Quaker, New Co

Name
in
Full

Sophia Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

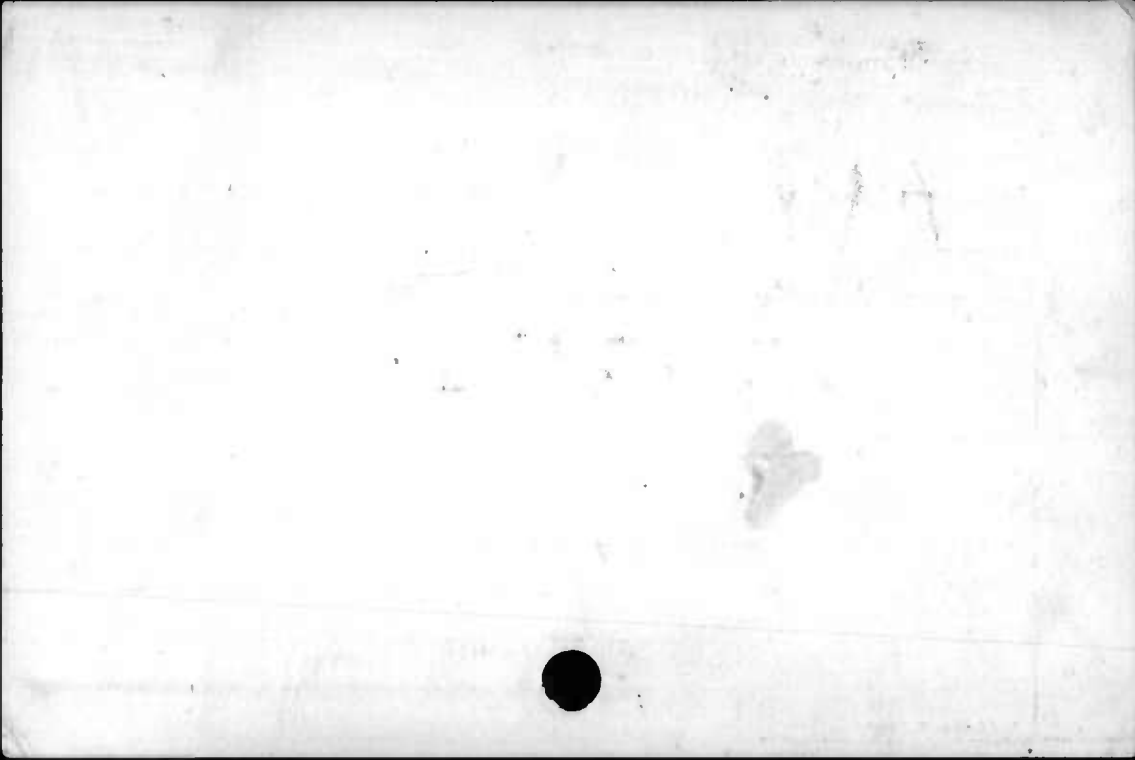
Died at <i>near Galena</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	1907	Month	2	Day	9
Sex	Female	Age	66	Years	
Color or Race	White	Months		Days	
Birth-place	<i>Kent Co. Md</i>				
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>Wm. Ross</i>		
Father's Name	<i>Benjamin Jervis</i>		Father's Birthplace <i>Kent Co. Md</i>		
Mother's Maiden Name	<i>Frances Anthony</i>		Mother's Birthplace <i>Galena Md.</i>		
Name of person giving information	<i>Carlton Ross</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>5-7 years</i>
Immediate	<i>Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Latimer</i>
		Address	<i>Galena Md.</i>
Accident or Suicide?			



Name
In
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

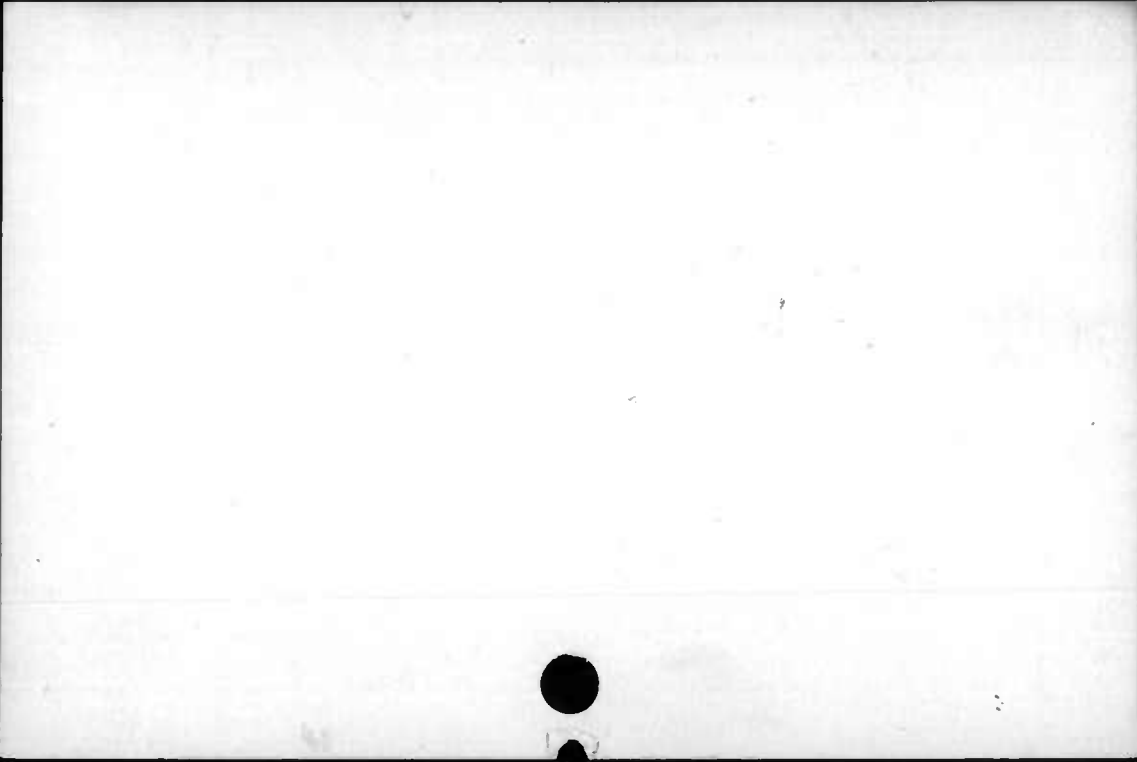
Died at <i>Near Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death	1907	Month	Feb	Day	13	Age	73
Sex	Male		Color or Race	Black		Birth-place	Kent Co Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Eliizer Wright			
Father's Name	Joseph Lusco			Father's Birthplace	Maryland		
Mother's Maiden Name	Mary Wickett			Mother's Birthplace	Maryland		
Name of person giving information	Eliizer Wright			How related to deceased	Wife		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Double Pneumonia</i>		How long	<i>6 days</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>J. H. Beall</i>		
Address		<i>Rock Hall Md</i>		
Accident or Suicide?				



Name
in
Full

John R Zate Apide

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

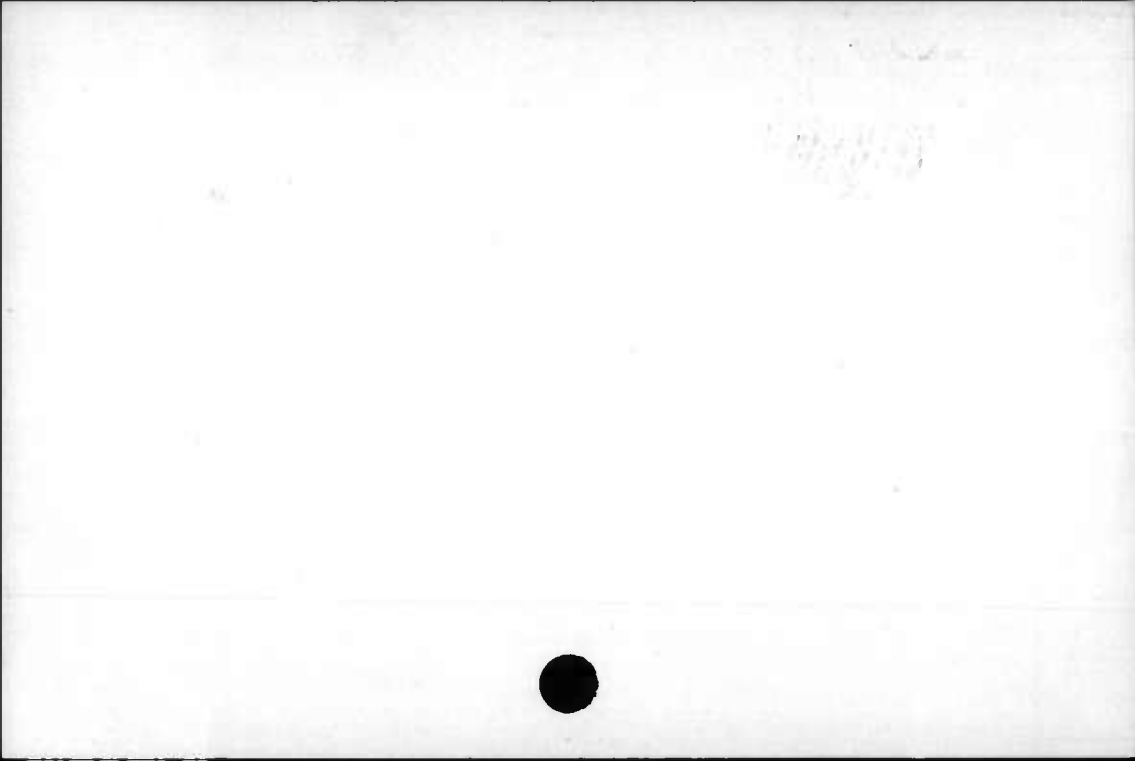
Died at		Town Monroeville		County Kent		MARYLAND	
Date of death	1907	Month Feb	Day 6	Age 2	Years	Months	Days
Sex	Male		Color or Race	Cauc		Birth- place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Oscar Zate			Father's Birthplace	
Mother's Maiden Name			Genevieve Wilson			Mother's Birthplace	
Name of person giving In formation			Father			How related to deceased	

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	It has been sick from birth. Richetts		How long	2 yrs
Immediate			How long	no wd attending
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide?		No	155 Simons Dr Local Board Health Chesterbrook Ind	



Name
in
Full

Ellenora Shaw Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

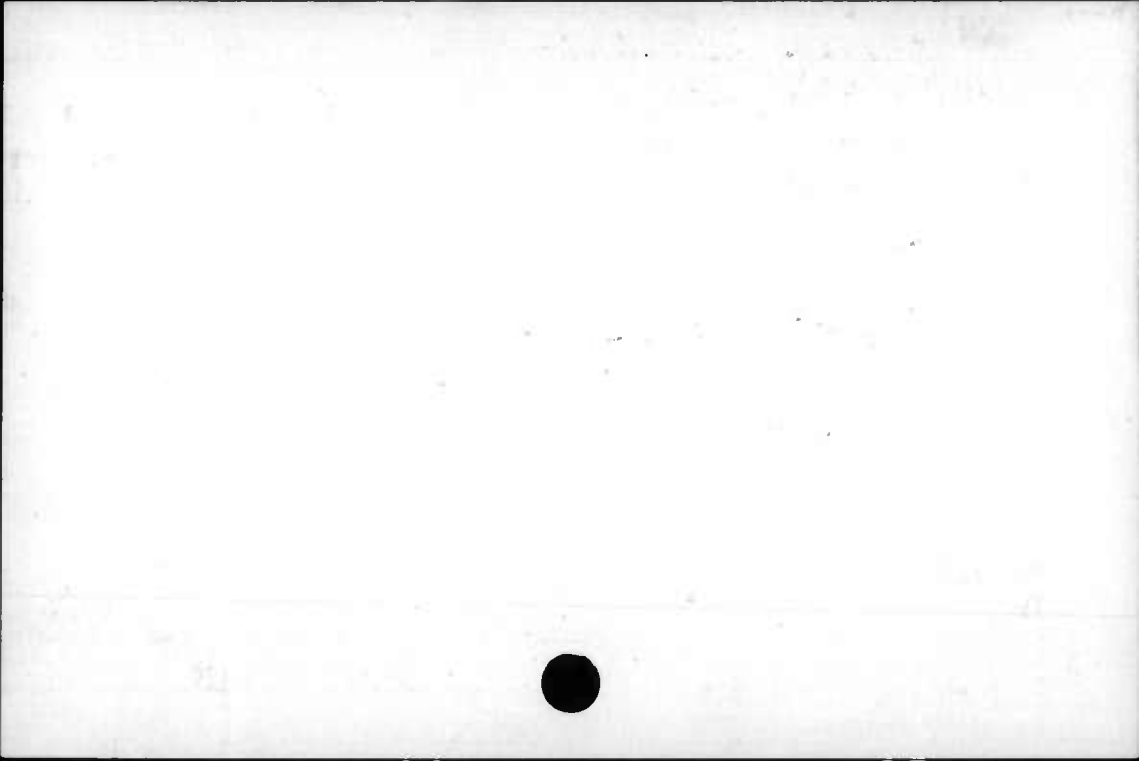
Died at <i>Swan Creek near Rock Hall</i>		Town <i>Kent-</i>		County <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>76</i>	Months <i>6</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Thomas</i>				
Father's Name <i>Leziel Elom</i>	Father's Birthplace <i>Mass.</i>				
Mother's Maiden Name <i>Mary Ellen Chandler</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>William Thomas</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary <i>Complication of disease</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long <i>One week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. R. Beall</i>
	Address <i>Rock Hall Md</i>
Accident or Suicide?	



Name
in
Full

William Tighlman

CERTIFICATE OF DEATH

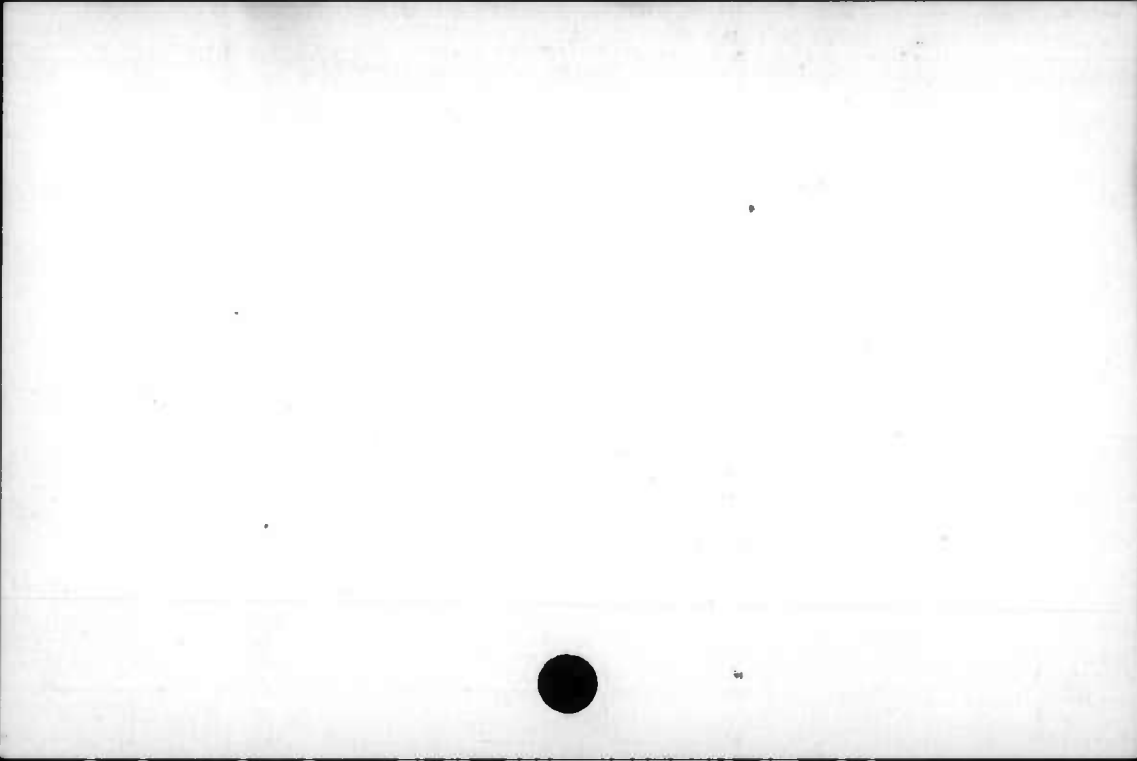
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Creek Island</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Day <i>1</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>W.Va.</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>William Tighlman</i>				Father's Birthplace <i>Kent-co W.Va.</i>			
Mother's Maiden Name <i>Ada Hyson</i>				Mother's Birthplace <i>Kent-co W.Va.</i>			
Name of person giving information <i>William Tighlman</i>				How related deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Do not know</i>	<i>(179)</i>	How long
Immediate <i>No Dr attending</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F.M. Satterfield S.R.</i>
		Address <i>Rock Hall Md</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Sadie Tilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buttletown</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb</i>	Day	<i>14</i>	Age	<i>26</i>	Years	
Sex		<i>Female</i>		Color or Race		<i>Black</i>		Birth-place	
Occupation		<i>Servant</i>		Where Residing if not at place of death		<i>Buttletown</i>			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband					
Father's Name		<i>Unknown</i>		Father's Birthplace		<i>Unknown</i>			
Mother's Maiden Name		<i>Unknown</i>		Mother's Birthplace		<i>Unknown</i>			
Name of person giving information				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis.</i>	<i>(27)</i>	How long	
Immediate	<i>Gastritis.</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician	<i>L. P. Atwell M.D.</i>
			Address	<i>Still Pond</i>
				<i>med</i>
Accident or Suicide?				

Bentleytown

Name
in
Full

Oddie White

CERTIFICATE OF DEATH

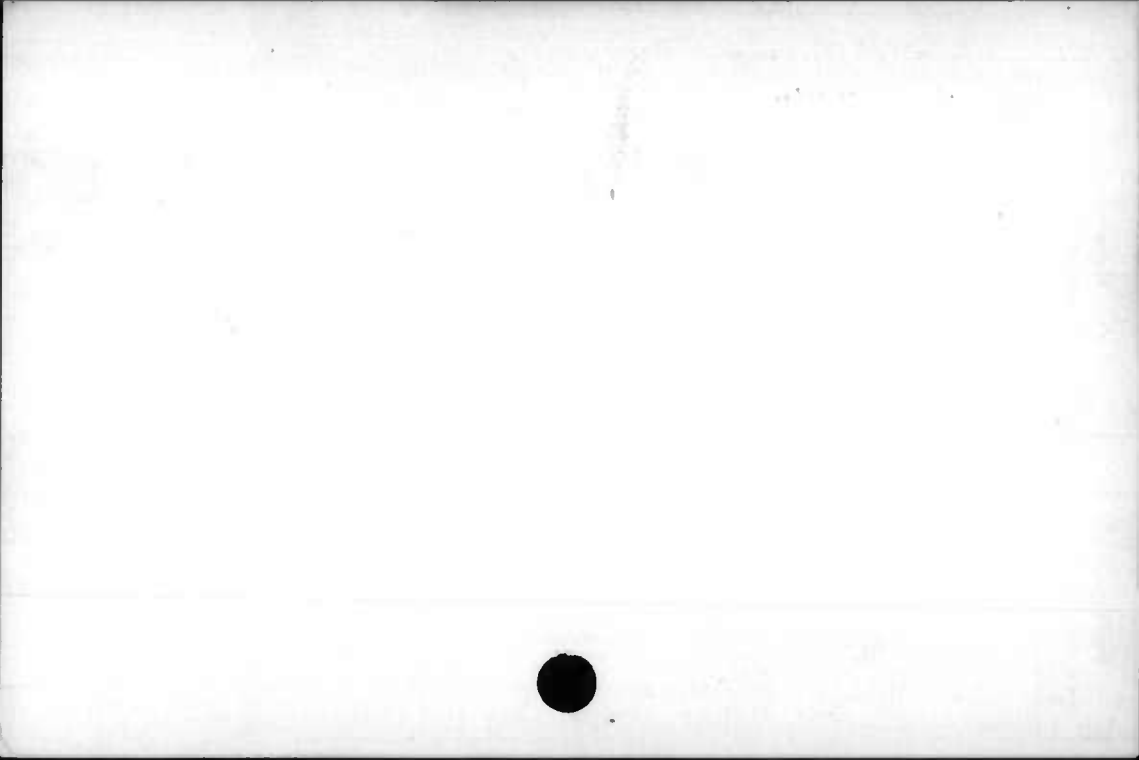
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Solcher</i> ^{Town}		<i>New</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>26</i>	Age <i>69</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>African</i>	Birth-place <i>Ind</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William H. White</i>				
Father's Name <i>Caron Brown</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Matilda Brown</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Oddie White</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	<i>(10)</i>	How long <i>12 days</i>
Immediate <i>Asthenia</i>		How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Smith</i>	
	Address <i>Ind</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

George William White

Town

County

Died at

near Still Pond

MARYLAND

Date

of death 1907

Month

Feb

Day

28

Years

Age 2 weeks

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

M. S.

Occupation

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Thomas A. White

Father's
Birthplace

Md

Mother's
Maiden Name

Carrie Johnson

Mother's
Birthplace

Md

Name of person giving
Information

Thomas A White

How related
to deceased

father

CAUSES OF DEATH

Primary

General debility.

(151)

How long

one week.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Wm. S. Maxwell,

Address

Still Pond, Md.,

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

